MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								SERIAL NO.				FILING DATE		
								APPLICANT(S)				,		
							CLAIMS							
	AS FILED AFFER 15		X 15T	AFTER 2ND AMENDMENT										
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TOTAL DEP. TOTAL CLAMS	09		•					TOTAL DEP. TOTAL	OEP.				<b>→</b>	
TOTAL				91				CLAIMS				4.4	1	<b>**</b>